

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 15, 2002

ALL COUNTY LETTER NO. 02-52

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ETHNIC ORIGIN AND PRIMARY LANGUAGE REPORT [ABCD 350 (7/02)] FOR JULY 2002

The purpose of this letter is to transmit the revised Annual Recipient Report on the California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, Social Services, Nonassistance Food Stamps, Welfare to Work, Refugee Cash Assistance, and the Cash Assistance Program for Immigrants Ethnic Origin and Primary Language (ABCD 350) form and instructions, for the report month of July 2002. This report provides data that will be used to assess the need for county bilingual services, identify problems with the delivery of services to recipients, and help facilitate compliance with Civil Rights requirements.

The July 2002 version of the ABCD 350 report collects ethnic and primary language data for a new category of CalWORKs recipients, those in Temporary Assistance for Needy Families (TANF) Timed-Out Cases. This conforms with the information reported on the CalWORKs Cash Grant Caseload Movement Report (CA 237 CW).

We anticipate additional changes in future reports when new federal requirements for collection of race and ethnicity data are implemented. The two most significant changes will be: 1) the requirement to distinguish Hispanic/Latino and Non-Hispanic/Latino ethnicity from racial origin, and 2) the requirement that individuals be allowed to select more than one racial category. When new federal reporting requirements are known, additional information will be sent under separate cover.

Enclosed are copies of the form and instructions. Additionally, the form and instructions are available on the California Department of Social Services (CDSS) Research and

ALL COUNTY WELFARE DIRECTORS

Page Two

Development Division (RADD) web site located at <http://www.dss.cahwnet.gov/research/>.
Fax or mail the completed report no later than August 30, 2002 to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P. O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

If you have questions regarding completion of this form, please contact David Yee of the Data Systems and Survey Design Bureau at (916) 651-8269.

Sincerely,

***Original Document Signed By
Lois VanBeers on 7/15/02***

LOIS VANBEERS
Deputy Director
Research and Development Division

Enclosures

**Annual Recipient Report on CalWORKs,
Foster Care (FC), Social Services,
Nonassistance Food Stamps (NAFS),
Welfare to Work (WTW),
Refugee Cash Assistance (RCA), and
the Cash Assistance Program for Immigrants (CAPI)
Ethnic Origin and Primary Language**

SEND ONE COPY OF THIS REPORT TO:
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P. O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

COUNTY NAME								REPORT MONTH AND YEAR July 2002				
PART A. ETHNIC ORIGIN												
CODE	ETHNIC ORIGIN	NUMBER OF CASES										
		CalWORKs				FC	Social Services	NAFS	WTW		RCA	CAPI
		Two Parent a/ (A)	Zero Parent a/ (B)	All (Other) Families a/ (C)	TANF Timed-Out Cases a/ (D)				Two Parent d/ (H)	All (Other) Families e/ (I)		
1	White	1	17	33	49	65	81	97	113	129	145	161
2	Hispanic	2	18	34	50	66	82	98	114	130	146	162
3	Black	3	19	35	51	67	83	99	115	131	147	163
4	Other Asian or Pacific Islander	4	20	36	52	68	84	100	116	132	148	164
5	American Indian or Alaska Native	5	21	37	53	69	85	101	117	133	149	165
7	Filipino	6	22	38	54	70	86	102	118	134	150	166
C	Chinese	7	23	39	55	71	87	103	119	135	151	167
H	Cambodian	8	24	40	56	72	88	104	120	136	152	168
J	Japanese	9	25	41	57	73	89	105	121	137	153	169
K	Korean	10	26	42	58	74	90	106	122	138	154	170
M	Samoan	11	27	43	59	75	91	107	123	139	155	171
N	Asian Indian	12	28	44	60	76	92	108	124	140	156	172
P	Hawaiian	13	29	45	61	77	93	109	125	141	157	173
R	Guamanian	14	30	46	62	78	94	110	126	142	158	174
T	Laotian	15	31	47	63	79	95	111	127	143	159	175
V	Vietnamese	16	32	48	64	80	96	112	128	144	160	176
Totals		177	178	179	180	181	182	183	184	185	186	187
COMMENTS												

a/ Total CalWORKs Two Parent, Zero Parent, All (Other) Families, and TANF Timed-Out Cases must equal the corresponding case totals on the CA 237 CW, Part B, Item 8.

b/ Total FC must equal the total cases on the CA 237 FC, Part B, Item 8.

c/ Total NAFS cases must equal the total cases on the DFA 296, Item 8, NAFS column.

d/ Total CalWORKs WTW Two Parent cases must equal the total enrollees on the WTW 25A, Part A, Item 1.

e/ Total CalWORKs WTW All (Other) Families cases must equal the total enrollees on the WTW 25, Part A, Item 1.

f/ Total CAPI cases must equal the total cases reported on the CA 1037, Part C, Item 10.

Note: Totals in each column of page one of this report must equal the totals in the corresponding columns on page two.

COUNTY NAME								REPORT MONTH AND YEAR July 2002				
PART B. PRIMARY LANGUAGE SPOKEN												
CODE	LANGUAGE	NUMBER OF CASES										
		CalWORKs				FC	Social Services	NAFS	WTW		RCA	CAPI
		Two Parent a/ (A)	Zero Parent a/ (B)	All (Other) Families a/ (C)	TANF Timed-Out Cases a/ (D)				Two Parent d/ (H)	All (Other) Families e/ (I)		
0	American Sign Language	188	217	246	275	304	333	362	391	420	449	478
1	Spanish	189	218	247	276	305	334	363	392	421	450	479
2	Cantonese	190	219	248	277	306	335	364	393	422	451	480
3	Japanese	191	220	249	278	307	336	365	394	423	452	481
4	Korean	192	221	250	279	308	337	366	395	424	453	482
5	Tagalog	193	222	251	280	309	338	367	396	425	454	483
6	Other Non-English (specify)	194	223	252	281	310	339	368	397	426	455	484
7	English	195	224	253	282	311	340	369	398	427	456	485
A	Other Sign Language	196	225	254	283	312	341	370	399	428	457	486
B	Mandarin	197	226	255	284	313	342	371	400	429	458	487
C	Other Chinese Languages	198	227	256	285	314	343	372	401	430	459	488
D	Cambodian	199	228	257	286	315	344	373	402	431	460	489
E	Armenian	200	229	258	287	316	345	374	403	432	461	490
F	Ilocano	201	230	259	288	317	346	375	404	433	462	491
G	Mien	202	231	260	289	318	347	376	405	434	463	492
H	Hmong	203	232	261	290	319	348	377	406	435	464	493
I	Lao	204	233	262	291	320	349	378	407	436	465	494
J	Turkish	205	234	263	292	321	350	379	408	437	466	495
K	Hebrew	206	235	264	293	322	351	380	409	438	467	496
L	French	207	236	265	294	323	352	381	410	439	468	497
M	Polish	208	237	266	295	324	353	382	411	440	469	498
N	Russian	209	238	267	296	325	354	383	412	441	470	499
P	Portuguese	210	239	268	297	326	355	384	413	442	471	500
Q	Italian	211	240	269	298	327	356	385	414	443	472	501
R	Arabic	212	241	270	299	328	357	386	415	444	473	502
S	Samoan	213	242	271	300	329	358	387	416	445	474	503
T	Thai	214	243	272	301	330	359	388	417	446	475	504
U	Farsi	215	244	273	302	331	360	389	418	447	476	505
V	Vietnamese	216	245	274	303	332	361	390	419	448	477	506
Totals		507	508	509	510	511	512	513	514	515	516	517
CONTACT PERSON (Print)							TELEPHONE ()			DATE COMPLETED		
TITLE/CLASSIFICATION							FAX ()					

Note: Totals in each column of page one of this report must equal the totals in the corresponding columns on page two.

**ANNUAL RECIPIENT REPORT ON CalWORKs, FOSTER CARE,
SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS,
WELFARE TO WORK, REFUGEE CASH ASSISTANCE, AND THE
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
ETHNIC ORIGIN AND PRIMARY LANGUAGE
ABCD 350 (7/02)**

INSTRUCTIONS

CONTENT

The annual ABCD 350 report contains statistical information on the ethnic origin and primary language of recipients of CalWORKs, Foster Care (FC), Social Services, Nonassistance Food Stamps (NAFS), Welfare to Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI).

PURPOSE

This report provides data that can be used to 1) assess the need for county bilingual services, 2) identify problems with the delivery of services to recipients, and 3) facilitate compliance with California Department of Social Services (CDSS), Manual of Policies and Procedures, Division 21, requirements.

This report also provides county, state and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

DUE DATE AND CONTACT

This is an annual report reporting on July caseload. The report is due in Sacramento as soon as possible after July 31, but no later than August 30. Fax or mail reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

Report data and the report's form and instructions are available on the CDSS, Research and Development Division (RADD) web site at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site.

If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter the county name in the boxes provided on pages 1 and 2 of the report. Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.** Explain, on page 1, adjustments or provide any other comments or explanations regarding the data in this report in the Comments section. Additional pages may be attached if necessary.

Enter, on page 2, the name, title or job classification, and the telephone and fax numbers of the person to contact if there are questions about the report. This may or may not be the person who completed the report. Enter the date the report was completed.

DETERMINING ETHNIC ORIGIN AND PRIMARY LANGUAGE

Ethnic origin and primary language are to be determined by asking or by having the applicant complete the appropriate section of the application form. If the applicant does not provide the information, it is the responsibility of the County Welfare Department (CWD) to make a determination of ethnic origin based on observation. The information must be documented in the case file. The CWD must inform the applicant of the right to request a change in his/her primary language designation.

DEFINITIONS

Ethnic Origin: Ethnic origin can be viewed as the heritage, nationality group, lineage, or country of birth of a person or a person's parents or ancestors.

CODE	ETHNIC ORIGIN	Includes all persons having origins in any of the original peoples of:
1	White	Europe, North Africa, or the Middle East
2	Hispanic	Mexico, Puerto Rico, Cuba, Central/South America, or other Spanish culture regardless of race
3	Black	The black racial groups of Africa
4	Other Asian or Pacific Islander	Far East, Southeast Asia, Indian subcontinent or the Pacific Islands (other than those mentioned below)
5	American Indian or Alaska Native	North America and who maintain cultural identification through tribal affiliation or community recognition
7	Filipino	Philippine Islands
C	Chinese	China
H	Cambodian	Cambodia
J	Japanese	Japan
K	Korean	Korea (North or South)
M	Samoa	Samoa
N	Asian Indian	Indian subcontinent
P	Hawaiian	Hawaiian Islands
R	Guamanian	Guam
T	Laotian	Laos
V	Vietnamese	Vietnam

Primary Language: Primary language is the language an individual uses to communicate effectively. If an individual can communicate effectively in both English and another language, English should be noted as the primary language. If an individual identifies a non-English primary language, but requests documents in English, the non-English language should still be noted as the primary language.

CODE	PRIMARY LANGUAGE	CODE	PRIMARY LANGUAGE
0	American Sign Language	H	Hmong
1	Spanish	I	Lao
2	Cantonese	J	Turkish
3	Japanese	K	Hebrew
4	Korean	L	French
5	Tagalog	M	Polish
6	Other Non-English (specify)	N	Russian
7	English	P	Portuguese
A	Other Sign Language	Q	Italian
B	Mandarin	R	Arabic
C	Other Chinese Languages	S	Samoa
D	Cambodian	T	Thai
E	Armenian	U	Farsi
F	Ilocano	V	Vietnamese
G	Mien		

DEFINITIONS (Continued)

Social Services: Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults. California addresses the federal service goals under Title XX through an array of service programs, eight of which are mandated and thirteen of which are optional based on local needs, priorities and resources. The mandated and optional social services are:

Mandated Services

- ◆ Information and Referral
- ◆ Emergency Response
- ◆ Family Maintenance
- ◆ Family Reunification
- ◆ Permanent Placement
- ◆ Out-of-Home Care for Adults
- ◆ In-Home Supportive Services
- ◆ Adult Protective Services

Optional Services

- ◆ Special Care for Children in their Own Home
- ◆ Home Management and Other Functional Educational Services
- ◆ Employment/Education Training
- ◆ Services for Children with Special Problems
- ◆ Services to Alleviate or Prevent Family Problems
- ◆ Sustenance
- ◆ Housing Referral Services
- ◆ Legal Referral Services
- ◆ Diagnostic Treatment Services for Children
- ◆ Special Services for the Blind
- ◆ Special Services for Adults
- ◆ Services for Disabled Individuals
- ◆ Services to County Jail Inmates

CRITERIA FOR REPORTING ETHNIC ORIGIN AND PRIMARY LANGUAGE

For purposes of this report, use the criteria described below to determine the ethnic origin and primary language of recipient cases in the specified program areas.

◆ CalWORKs Two Parent, Zero Parent, All (Other) Families, and TANF Timed-Out Cases

The ethnic origin and primary language of the head of household should be used in CalWORKs Two Parent, All (Other) Families, and TANF Timed-Out Cases categories, regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category. If available, the ethnic origin and primary language of the adult with the primary responsibility for the care and safety of the assisted children in the household should be used for Zero Parent cases. If this information is not available, the ethnicity and primary language of the child (or the eldest child in sibling cases) should be used for Zero Parent cases, regardless of the ethnic origin and primary language of other members of the family in the same household.

◆ Foster Care (FC)

Each foster care child represents one case. Report the ethnic origin and primary language of the child for whom assistance is being received.

CRITERIA FOR REPORTING ETHNIC ORIGIN AND PRIMARY LANGUAGE (Continued)◆ **Social Services**

Report ethnic origin and primary language for all cases in which social services were provided directly by the CWD in July 2002. Do not include cases for which services are purchased from other organizations or for which only information and referral services are given. Report each case only once, regardless of the number of services that may have been provided during the report month.

◆ **Nonassistance Food Stamps (NAFS)**

The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic category and one primary language category.

◆ **Welfare to Work (WTW)**

For WTW enrollees in either the Two Parent or All (Other) Families category, report the ethnic origin and primary language of the enrollee, regardless of the ethnic origin and primary language of other members of the family in the same household. Report each case in only one ethnic category and one primary language category.

◆ **Refugee Cash Assistance (RCA)**

The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category.

◆ **Cash Assistance Program for Immigrants (CAPI)**

Each CAPI case represents one CAPI recipient. The ethnic origin and primary language of that recipient should be used. Report each case in only one ethnic and one primary language category.

ITEM INSTRUCTIONS**PART A. ETHNIC ORIGIN (CASES)**

For July 2002, report the number of recipient cases in each ethnic category in the appropriate column for each of the following programs:

- ◆ CalWORKs Two Parent, Zero Parent (child only), All (Other) Families, and TANF Timed-Out Cases categories [Cells 1-64]
- ◆ Foster Care [Cells 65-80]
- ◆ Social Services [Cells 81-96]
- ◆ Nonassistance Food Stamps [Cells 97-112]
- ◆ Welfare to Work Two Parent and All (Other) Families categories [Cells 113-144]
- ◆ Refugee Cash Assistance [Cells 145-160]
- ◆ Cash Assistance Program for Immigrants [Cells 161-176]

Report only one ethnicity for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during July 2002 are **not** to be reported.

ITEM INSTRUCTIONS (Continued)Totals

Total cases for the CalWORKs Two Parent, Zero Parent, All (Other) Families, and TANF Timed-Out Cases columns must equal the total cases in each category reported in Part B, Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement Report (CA 237 CW) for the July 2002 report month. *[Cells 177-180]*

Total cases for the FC column must equal the total cases (children) reported in Part B, Item 8, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) - Caseload Movement and Expenditures Report (CA 237 FC) for the July 2002 report month. *[Cell 181]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the July 2002 report month. *[Cell 182]*

Total cases for the NAFS column must equal the total cases reported in Part B, Item 8, NAFS column, of the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) for the July 2002 report month. *[Cell 183]*

Total cases for the WTW Two Parent column must equal the total cases in Part A, Item 1, of the Welfare to Work Monthly Activity Report - Two Parent Separate State Program (WTW 25A) for the July 2002 report month. *[Cell 184]*

Total cases for the WTW All (Other) Families column must equal the total cases in Part A, Item 1, of the Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the July 2002 report month. *[Cell 185]*

Total cases for CAPI must equal the total cases reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the July 2002 report month. *[Cell 187]*

Note: Totals for each column on page 1 of the ABCD 350 must equal totals for the corresponding columns on page 2 of the ABCD 350.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

For July 2002, report the number of recipient cases for each primary language in the appropriate column for each of the following programs:

- ◆ CalWORKs Two Parent, Zero Parent (child only), All (Other) Families, and TANF Timed-Out Cases categories *[Cells 188-303]*
- ◆ Foster Care *[Cells 304-332]*
- ◆ Social Services *[Cells 333-361]*
- ◆ Nonassistance Food Stamps *[Cells 362-390]*
- ◆ Welfare to Work Two Parent and All (Other) Families categories *[Cells 391-448]*
- ◆ Refugee Cash Assistance *[Cells 449-477]*
- ◆ Cash Assistance Program for Immigrants *[Cells 478-506]*

Report only one primary language for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during July 2002 are **not** to be reported.

In the Comments section on page 1 of the report, specify by language and number of cases any entries in Part B, Primary Language Spoken, Code 6, Other Non-English.

ITEM INSTRUCTIONS (Continued)Totals

Total cases for the CalWORKs Two Parent, Zero Parent, All (Other) Families, and TANF Timed-Out Cases columns must equal the total cases in each category reported in Part B, Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement Report (CA 237 CW) for the July 2002 report month. *[Cells 507-510]*

Total cases for the FC column must equal the total cases (children) reported in Part B, Item 8, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) - Caseload Movement and Expenditures Report (CA 237 FC) for the July 2002 report month. *[Cell 511]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the July 2002 report month. *[Cell 512]*

Total cases for the NAFS column must equal with the total cases reported in Part B, Item 8, NAFS column, of the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) for the July 2002 report month. *[Cell 513]*

Total cases for the WTW Two Parent column must equal the total cases in Part A, Item 1, of the Welfare to Work Monthly Activity Report - Two Parent Separate State Program (WTW 25A) for the July 2002 report month. *[Cell 514]*

Total cases for the WTW All (Other) Families column must equal the total cases in Part A, Item 1, of the Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the July 2002 report month. *[Cell 515]*

Total cases for CAPI must equal the total cases reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the July 2002 report month. *[Cell 517]*

Note: Totals for each column on page 2 of the ABCD 350 must equal totals for the corresponding columns on page 1 of the ABCD 350.